PTO/SB/17 (10-08)
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FEE TRANSMITTAL   For FY 2009	Under the Pa	respond to a collection of information unless it displays a valid OMB control number								
FEE TRANSMITTAL For FY 2009    Pints Named Inventor   Hideyuki KANEKO	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				Complete if Known					
Application Type										
Applicant claims small entity status. See 37 CFR 1.27										
Application Type Fee (S) Fill (S) Fee (S) Fee (S) Fee (S) Fee (S) Free (S)										
MORETHOD OF PAYMENT (check all that apply)										
METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):     Check   Credit Card   Money Order   None   Other (please identify):     Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	Applicant claims small entity status. See 37 CFR 1.27				741 OTH					
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number: 02-2448   Deposit Account Name: Birch, Slewart, Kolasch & Birch, LLP	TOTAL AMOUNT	OF PAYMENT	(\$) 810.00		Attorney Docket No. 1155-0332PUS1					
Composit Account   Deposit Account Number   Q2-2448   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF	PAYMENT (check	all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	X Deposit Ac	count Deposit Account	Number: 02-	2448	Deposit	Account Name	e: Birch, Stewart,	Kolasch &	Birch, LLP	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	For the	above-identified dep	osit account, the D	irector is	s hereby authorize	ed to: (che	ck all that apply)			
Fee   Sumal Entity   Sumal Entity   Sumal Entity										
Search   S										
Part	FEE CALCULATION									
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Second		F		SE		EXAMIN				
Design   220   110   100   50   140   70	Application Ty	ype Fee (S		Fee (§		Fee (\$)		Fees F	'aid (\$)	
Plant   220   110   330   165   170   85	Utility	330	165	540	270	220	110			
Reissue   330   165   540   270   650   325	Design	220	110	100	50	140	70			
Provisional         220         110         0         0         0         Small Entity           ExEXTECSS CLAIM FEES         Small Entity           Each claim over 20 (including Reissues)         52         266         Each claim over 3 (including Reissues)         52         20         110           Multiple dependent claims over 3 (including Reissues)              Fee (\$)              Fee Paid (\$)              Multiple Dependent Claims                 14                   - 20 or HP                   x                   =                   Fee (\$)                   Fee Paid (\$)                  Multiple Dependent Claims                  Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                  Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                   Fee Paid (\$)                    Fee Paid (\$)                   Fee Paid (\$) <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td></td> <td></td>	Plant	220	110	330	165	170	85			
2. EXCESS CLAIM FEES   Fee (\$)   Fee (\$)	Reissue	330	165	540	270	650	325		,	
Fee (\$) Fee (\$) Fee (\$) Fee (\$)   Each claim over 20 (including Reissues)	Provisional	220	110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fees Paid (\$)  Registration No. (Attorney/Agent)										
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	Fee (\$)									
Multiple dependent claims  Total Claims 14 -20 or HP x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims 2 -3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00	1								26	
Total Claims  14 - 20 or HP	-	· · · · · · · · · · · · · · · · · · ·	luding Reissues)							
Telephone   Tele	Multiple dependent claims 390 195									
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	00 115				· · · · · · · · · · · · · · · · · · ·					
Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  2	14 - x - ree (5) 1 cc r and (4)									
APPLICATION SIZE FEE   HP = highest number of independent claims paid for, if greater than 3.										
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 32,181 Telephone (703) 205-8000			/50 =		(round <b>up</b> to a who	ole number)	x=	<u> </u>		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 32,181 Telephone (703) 205-8000		•	10 C - ( 17	22. 11	4)			Fees	<u> Paid (\$)</u>	
SUBMITTED BY Signature  Registration No. (Attorney/Agent) 32,181 Telephone (703) 205-8000	_	•	<u>=</u> '			es (DOE	. ( 27	0.4	0.00	
Signature Registration No. (Attorney/Agent) 32,181 Telephone (703) 205-8000	Other (e.g.,	late filing surcharge	: I801 Request	ior con	unuea examina	IION (RCE	) (See 37		0.00	
Signature (703) 203-0000	SUBMITTED BY	- A C	$\mathcal{M}$							
Name (Print/Type) Marc S. Weiner for Date August 11, 2009	Signature	(mant my	#435	75		32,181	Telephone	(703) 20	5-8000	
	Name (Print/Type)	Marc S. Weiner	fo/				Date Aucus	+11,20	009	